which results from the body's failure to produce insulin. Type 2 diabetes, which is far more common, results from the body's inability to make enough insulin or properly use insulin, or the body is peripherally resistant to insulin.

According to the World Health Organization, an astonishing 6 percent of the world's population is affected with diabetes, causing six deaths every minute and 3.2 million deaths yearly.

In the United States we spend well over $200 billion a year on diabetes, yet the 2006 diabetes mortality rate for Texas was 27 deaths per 100,000 persons. For my Hispanic and African American constituents, the rate was 42 and 49 per 100,000; 1.7 million Texans over 18 years old have diabetes, and it is our State's sixth leading cause of death.

This bill would allow us to understand if minorities have a higher prevalence of type 2 diabetes, understand the reason for that higher rate, and begin to provide some relief for this condition.

I urge my colleagues to support this bill.

I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I also yield back the balance of my time and urge passage of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 1995, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The title was amended so as to read: ''A bill to direct the Secretary of Health and Human Services to prepare a report on the research and other public health activities of the Department of Health and Human Services with respect to diabetes among minority populations.''.

A motion to reconsider was laid on the table.

ACQUIRED BONE MARROW FAILURE DISEASE RESEARCH AND TREATMENT ACT OF 2010

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1230) to amend the Public Health Service Act to provide for the establishment of a National Acquired Bone Marrow Failure Disease Registry, to authorize research on acquired bone marrow failure diseases, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1230

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Acquired Bone Marrow Failure Disease Research and Treatment Act of 2010''.

SEC. 2. ACQUIRED BONE MARROW FAILURE DISEASE RESEARCH.

Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.) is amended by inserting after section 317T the following:

''SEC. 317U. ACQUIRED BONE MARROW FAILURE DISEASE RESEARCH.

''(a) IN GENERAL.—The Secretary may conduct research on acquired bone marrow failure diseases. Such research may address factors including—

''(1) trends in the characteristics of individuals who are diagnosed with acquired bone marrow failure diseases, including age, race and ethnicity, general geographic location, sex, family history, and any other characteristics determined appropriate by the Secretary;

''(2) the genetic and environmental factors, including exposure to toxins, that may be associated with developing acquired bone marrow failure diseases;

''(3) approaches to treating acquired bone marrow failure diseases;

''(4) outcomes for individuals treated for acquired bone marrow failure diseases, including outcomes for recipients of stem cell therapeutic products; and

''(5) any other factors pertaining to acquired bone marrow failure diseases determined appropriate by the Secretary.

''(b) COLLABORATION WITH THE RADIATION INJURY TREATMENT NETWORK.—In carrying out subsection (a), the Secretary may collaborate with the Radiation Injury Treatment Network of the C.W. Bill Young Cell Transplantation Program established pursuant to section 379 to—

''(1) augment data for the studies under such subsection;

''(2) access technical assistance that may be provided by the Radiation Injury Treatment Network; or

''(3) perform joint research projects.

''(c) DEFINITION.—In this section, the term 'acquired bone marrow failure disease' means—

''(1) myelodysplastic syndromes (MDS);

''(2) aplastic anemia;

''(3) paroxysmal nocturnal hemoglobinuria (PNH);

''(4) pure red cell aplasia;

''(5) acute myeloid leukemia that has progressed from myelodysplastic syndromes;

''(6) large granular lymphocytic leukemia; or

''(7) any other bone marrow failure disease specified by the Secretary, to the extent such disease is acquired and not inherited, as determined by the Secretary.''.

SEC. 3. MINORITY-FOCUSED PROGRAMS ON ACQUIRED BONE MARROW FAILURE DISEASES.

Title XVII of the Public Health Service Act (42 U.S.C. 300u et seq.) is amended by inserting after section 1707A the following:

''SEC. 1707B. MINORITY-FOCUSED PROGRAMS ON ACQUIRED BONE MARROW FAILURE DISEASES.

''(a) INFORMATION AND REFERRAL SERVICES.—

''(1) IN GENERAL.—The Secretary may establish and coordinate outreach and informational programs targeted to minority populations, including Hispanic, Asian-American, Native Hawaiian, and Pacific Islander populations, that are affected by acquired bone marrow failure diseases.

''(2) PROGRAM ACTIVITIES.—Programs under subsection (a) may carry out activities that include—

''(A) making information about treatment options and clinical trials for acquired bone marrow failure diseases publicly available; and

''(B) providing referral services for treatment options and clinical trials.

''(b) DEFINITION.—In this section, the term 'acquired bone marrow failure disease' has the meaning given such term in section 317U(c).''.

SEC. 4. BEST PRACTICES FOR DIAGNOSIS OF AND CARE FOR INDIVIDUALS WITH ACQUIRED BONE MARROW FAILURE DISEASES.

Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.), as amended by section 2, is further amended by inserting after section 317U the following:

''SEC. 317V. BEST PRACTICES FOR DIAGNOSIS OF AND CARE FOR INDIVIDUALS WITH ACQUIRED BONE MARROW FAILURE DISEASES.

''(a) GRANTS.—The Secretary, acting through the Director of the Agency for Healthcare Research and Quality, may award grants to researchers to study best practices with respect to diagnosing acquired bone marrow failure diseases and providing care to individuals with such diseases.

''(b) DEFINITION.—In this section, the term 'acquired bone marrow failure disease' has the meaning given such term in section 317U(c).''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Texas (Mr. BURGESS) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their marks and include extraneous material in the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

H.R. 1230, sponsored by the gentlewoman from California, Representative MATSUI, promotes research by HHS on acquired bone marrow failure disease, including the study of trends and the characteristics of individuals who are diagnosed with the disease, including age, race and ethnicity, sex and family history.

Mr. Speaker, it is my understanding that our former colleague, Representative Bob Matsui, actually passed away from this, and that is why it is particularly important, not only to Congresswoman MATSUI, but to all of us.

So I urge my colleagues to support this legislation.

I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, I yield myself such time as I may consume.

H.R. 1230, the Bone Marrow Failure Disease Research and Treatment Act, would allow the Secretary of Health and Human Services to conduct research and outreach on acquired bone marrow failure diseases.

This bill would allow the Secretary of Health and Human Services to conduct additional research on acquired bone marrow diseases to aid in figuring out the causes of the disease and study how to better diagnose and care for individuals suffering from bone marrow diseases. The bill would also allow the Secretary to establish outreach programs that would help minority populations, who appear to be disproportionately affected by such acquired bone marrow diseases, in finding clinical trials and other treatment options.

I am a cosponsor of the bill. I urge my colleagues to support it.

I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I would also yield back the balance of my time

and urge that the House pass this legislation.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 1230, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. BURGESS. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

The point of no quorum is considered withdrawn.

GYNECOLOGIC CANCER EDUCATION AND AWARENESS ACT

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2941) to reauthorize and enhance Johanna's Law to increase public awareness and knowledge with respect to gynecologic cancers, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2941

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. REAUTHORIZATION AND ENHANCEMENT OF JOHANNA'S LAW.

(a) IN GENERAL.—Section 317P(d) of the Public Health Service Act (42 U.S.C. 247b–17(d)(4)) is amended—

(1) in paragraph (4), by inserting after ''2009'' the following: ''and $18,000,000 for the period of fiscal years 2012 through 2014''; and

(2) by redesignating paragraph (4) as paragraph (6).

(b) CONSULTATION WITH NONPROFIT GYNECOLOGIC CANCER ORGANIZATIONS.—Section 317P(d) of such Act (42 U.S.C. 247b–17(d)), as amended by subsection (a), is further amended by inserting after paragraph (3) the following:

''(4) CONSULTATION WITH NONPROFIT GYNECOLOGIC CANCER ORGANIZATIONS.—In carrying out the national campaign under this subsection, the Secretary shall consult with the leading nonprofit gynecologic cancer organizations, with a mission both to conquer ovarian or other gynecologic cancer nationwide and to provide outreach to State and local governments and communities, for the purpose of determining the best practices for providing gynecologic cancer information and outreach services to varied populations.''.

SEC. 2. DEMONSTRATION PROJECTS REGARDING OUTREACH AND EDUCATION STRATEGIES RELATING TO GYNECOLOGIC CANCER.

(a) IN GENERAL.—Section 317P(d) of the Public Health Service Act (42 U.S.C. 247b–17(d)), as amended by section 1, is further amended by inserting after paragraph (4) the following:

''(5) DEMONSTRATION PROJECTS REGARDING OUTREACH AND EDUCATION STRATEGIES.—

''(A) IN GENERAL.—The Secretary may carry out a program to award grants or contracts to public or nonprofit private entities for the purpose of carrying out demonstration projects to test and compare different evidence-based outreach and education strategies to increase the awareness and knowledge of women and health care providers with respect to gynecologic cancers, including early warning signs, risk factors, prevention, screening, and treatment options. Such strategies shall include efforts directed at women and their families, physicians, nurses, and key health professionals.

''(B) PREFERENCES IN AWARDING GRANTS OR CONTRACTS.—In making awards under subparagraph (A), the Secretary shall give preference to—

''(i) applicants with demonstrated expertise in gynecologic cancer education or treatment or in working with groups of women who are at increased risk of gynecologic cancers; and

''(ii) applicants that, in the demonstration project funded by the grant or contract, will establish linkages between physicians, nurses, and key health professionals, health profession students, hospitals, payers, and State health departments.

''(C) APPLICATION.—To seek a grant or contract under subparagraph (A), an entity shall submit an application to the Secretary in such form, in such manner, and containing such agreements, assurances, and information as the Secretary determines to be necessary to carry out this paragraph.

''(D) CERTAIN REQUIREMENTS.—In making awards under subparagraph (A), the Secretary shall—

''(i) make awards, as practicable, to not fewer than five applicants; and

''(ii) ensure that information provided through demonstration projects under this paragraph is consistent with the best available medical information.

''(E) REPORT TO CONGRESS.—Not later than 12 months after the date of the enactment of this paragraph, and annually thereafter, the Secretary shall submit to the Congress a report that—

''(i) summarizes the activities of demonstration projects under subparagraph (A);

''(ii) evaluates the extent to which the projects were effective in increasing early detection of gynecologic cancers and awareness and knowledge of risk factors and early warning signs in the populations to which the projects were directed; and

''(iii) identifies barriers to early detection and appropriate treatment of such cancers.''.

(b) CONFORMING AMENDMENT.—Section 317P(d)(3)(A) of the Public Health Service Act (42 U.S.C. 247b–17(d)(3)(A)) is amended by inserting ''(other than paragraph (5))'' after ''this section''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Texas (Mr. BURGESS) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material in the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

I rise this evening in strong support of H.R. 2941, a bill to reauthorize Johanna's law. The bill reauthorizes an existing CDC program to promote awareness and outreach of gynecological cancers among women and health care providers.

Mr. Speaker, I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, I yield myself such time as I may consume.

H.R. 2941, a law to reauthorize Johanna's Law, was actually signed into law at the end of the 109th Congress and directed Health and Human Services to carry out a national campaign to increase awareness of gynecological cancer.

Gynecological cancer of the female reproductive tract affected, in 2006, over 76,000 women, and 27,000 died from their disease. H.R. 2941 would authorize the Centers for Disease Control and Prevention to continue the nationwide campaign.

This bill also calls for the Secretary of Health and Human Services to award grants to nonprofit private entities to carry out demonstration projects. These projects would test outreach and education strategies to increase the awareness and knowledge of women and health care provided regarding gynecologic cancer.

I am a cosponsor of the legislation. I urge my colleagues to support it.

Mr. BURTON of Indiana. Mr. Speaker, I rise today in strong support of H.R. 2941, a bill to reauthorize and enhance Johanna's Law to increase public awareness and knowledge with respect to gynecologic cancers. I would like to thank the Chairman and Ranking Member of the Energy and Commerce Committee for bringing this vitally important bill to the Floor. I would also like to thank Representative ROSA DELAURO and Representative DARRELL ISSA who have been tireless champions of this bill. I am proud to have worked with them to enact the ''Gynecologic Cancer Education and Awareness Act''—also known as Johanna's Law—back in 2006; and I am proud to be a part of their efforts this year to reauthorize and enhance this program.

I first got involved in the fight against gynecologic cancer when Ms. Kolleen Stacey, a constituent of mine, who became a dear, dear friend, told me about her personal battle with ovarian cancer—the deadliest of the gynecological cancers. Kolleen told me about Johanna's Law, convinced me to become a co-sponsor; and she never stopped pushing me to get the bill signed into law; because she never wanted any other woman to go through what she was going through.

It took more than two years and a lot of hard work but in 2006, Johanna's Law became law and this country took a huge step forward towards fulfilling Kolleen's dream. On July 10, 2009, Kolleen tragically lost her fight with ovarian cancer. But I know that she is looking down on us today and smiling because her dream lives on in our actions today. God bless you Kolleen.

The American Cancer Society estimates that about 21,880 new cases of ovarian cancer will be diagnosed and 13,850 deaths are expected to be caused by ovarian cancer in the United States in 2010 alone. For the State of Indiana, The American Cancer Society estimates that in 2010, 450 women will be diagnosed with ovarian cancer and 300 women will die of ovarian cancer.

This is a tragedy. Research shows that many of those deaths could be prevented if